Supervisor Information Form

Student/Supervisee Information

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| --- | --- |
| Name: |  |
| Address: |  |
| City:  |  | Zip: |  |
| Phone number: |  | MU email: |  |
| Dates at Site | \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ |
| Days & Times at Site: | * Monday Time:
* Tuesday Time:
* Wednesday Time:
* Thursday Time:
* Friday Time:
* Saturday Time:
* Sunday Time:
 |
| Weekly Site Supervision Day & Time:  |  |
| Total Hours Per Week at Site: |  |

Internship Site Information

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| --- | --- |
| Name of Site: |   |
| Address: |   |
| Site phone number: |   |
| On-Site Supervisor Name: |  |
| Phone: |  | Email: |  |
| Agency/Clinical Director Name: |  |
| Phone: |  | Email: |  |
| Highest degree of supervisor (*check one*):  EdD  PhD  MS  MSEd  MA other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Specific discipline (e.g., counseling, social work): |
| Credential(s) of Supervisor (*check all that apply*): * Licensed Professional Counselor (LPC), License number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Licensed Marriage and Family Therapist (LMFT), License number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Licensed Clinical Social Worker (LCSW), License number \_\_\_\_\_\_\_\_\_\_\_\_\_
* Licensed Psychologist, License number \_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Type(s) of counseling in which student will be supervised (*check all that apply*):  General  Marriage/Family  Group  Academic  Career/Vocational  Rehabilitation  Child/Adolescent Other, Specify \_\_\_\_\_\_ |
| Type(s) of settings (check all which apply):  Agency  Higher Ed Counseling Center  Hospital  Non-Profit Organization   Community Mental Health  Private Practice  Other, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_   |